PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed otl	ng the Patent, advance of nerwise in Block 1, by (a	a) specifying a new cor	respondence address	; and/or	(b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPOND	N F pr h	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
ERIC L. MAS WORKMAN, N 1000 Eagle Gate	I S ac tr	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmistal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail stop ISSUE FEE address above, or being facisimal transmitted to the USPTO (571) 273-2885, on the date indicated below.						
60 East South Temple Salt Lake City, UT 84111				(Depositor's name)				
out Dane Oity,	01 01111	L	(Signature)					
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR .	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
09/929,737			Andreas Weber			9021		
TITLE OF INVENTION	: MULTI-RATE AND	MULTI-LEVEL GIGAB	IT INTERFACE CONV	ERTER				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/21/2006	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	SS				
SINGH, DALZID E		2613	398-135000	_				
I. Change of correspondence address or indication of "Fee Address" (37 CFR, 1.53). Change of correspondence address (or Change of Correspondence Address form FTO/SB/122) attached. Jer Address form FTO/SB/122) attached.			(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney o 2 registered patent at	reprinting on the pattern front page, list he names of up to 3 registered patent attorneys ents OR, alternatively, he name of a single firm (having as a member a entered attorney or agent) and the names of up to line of the printed attorney or agent of the names of up to line or agent of the names of up to line or agent of the names of up to line or agent of the names of up to line or agent of the names of up to line or agent of the names of up to line or agent of the name of up to line or agent of th				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Finisar Corporation Sunnyvale, California								
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 점 C	orporati	on or other private gro	oup entity Government	
4a. The following fee(s) Mail Issue Fee Mail Publication Fee (N Advance Order - i	lo small entity discount p	b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number. 23—3178. (enclose an extra copy of this form).						
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY state		☐ b. Applicant is no le	onger claiming SMA	LL ENT	TTY status. See 37 Cl	FR 1.27(g)(2).	
			d from anyone other than	the applicant; a reg	istered a	ttorney or agent; or th	e assignee or other party in	
Authorized Signature	611h,6	W .				er 21, 2006		
Typed or printed nameERIC L. MASCHOFF				Registration ?				
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	nation is required by 37 C tiality is governed by 35 d application form to the lons for reducing this bu firginia 22313-1450. DO 13-1450.	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain of 1.14. This collection is depending upon the in- e Chief Information Off COMPLETED FORMS	r retain a benefit by estimated to take 12 lividual case. Any o icer, U.S. Patent and TO THIS ADDRES:	the publ minutes omments Tradem S. SENI	to complete, including to complete, including on the amount of titler of the total	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.